

<i>SERFF Tracking Number:</i>	<i>LBRM-125759942</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>The Ohio Casualty Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>2008-02435</i>		
<i>TOI:</i>	<i>16.0 Workers Compensation</i>	<i>Sub-TOI:</i>	<i>16.0004 Standard WC</i>
<i>Product Name:</i>	<i>AR-WC-DOMESTIC TERRORISM-OCG-FORM</i>		
<i>Project Name/Number:</i>	<i>AR-WC-DOMESTIC TERRORISM-OCG-FORM/2008-02435</i>		

Filing at a Glance

Companies: The Ohio Casualty Insurance Company, West American Insurance Company, American Fire and Casualty Company, Ohio Security Insurance Company

Product Name: AR-WC-DOMESTIC TERRORISM-OCG-FORM SERFF Tr Num: LBRM-125759942 State: Arkansas

TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 16.0004 Standard WC Co Tr Num: 2008-02435 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Carol Stiffler

Author: Tammy Blake Disposition Date: 08/04/2008

Date Submitted: 08/04/2008 Disposition Status: Approved

Effective Date Requested (New): 09/01/2008 Effective Date (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008 Effective Date (Renewal):

State Filing Description:

General Information

Project Name: AR-WC-DOMESTIC TERRORISM-OCG-FORM

Project Number: 2008-02435

Reference Organization: N/A

Reference Title: N/A

Filing Status Changed: 08/04/2008

State Status Changed: 08/04/2008

Corresponding Filing Tracking Number:

Filing Description:

Effective September 1, 2008 for new and renewal business, we wish to file revisions to our Workers Compensation Program. With this submission we are filing our new Disclosure Notice that coincides with the Terrorism and Catastrophe (other than Certified Acts of Terrorism) rate change filed under separate cover (our filing #2008-02434).

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number: N/A

Advisory Org. Circular: N/A

Deemer Date:

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<i>Project Name/Number:</i>	<i>AR-WC-DOMESTIC TERRORISM-OCG-FORM/2008-02435</i>		

Company and Contact

Filing Contact Information

Tammy Blake, State Filings Analyst	tammy.blake@LibertyMutual.com
62 Maple Avenue	(800) 826-6189 [Phone]
Keene, NH 03431	(603) 352-9252[FAX]

Filing Company Information

The Ohio Casualty Insurance Company	CoCode: 24074	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type: Property & Casualty
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 31-0396250	

West American Insurance Company	CoCode: 44393	State of Domicile: Indiana
9450 Seward Road	Group Code: 111	Company Type: Property & Casualty
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 31-0624491	

American Fire and Casualty Company	CoCode: 24066	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type: Property & Casualty
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 59-0141790	

Ohio Security Insurance Company	CoCode: 24082	State of Domicile: Ohio
9450 Seward Road	Group Code: 111	Company Type: Property & Casualty
Fairfield, OH 45014-5456	Group Name:	State ID Number:
(800) 843-6446 ext. [Phone]	FEIN Number: 31-0541777	

Filing Fees

Fee Required?	Yes
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<i>Project Name/Number:</i>	<i>AR-WC-DOMESTIC TERRORISM-OCG-FORM/2008-02435</i>		
Fee Amount:	\$50.00		
Retaliatory?	No		
Fee Explanation:	\$50.00 PER FILING		
Per Company:	No		

SERFF Tracking Number: *LBRM-125759942* *State:* *Arkansas*
First Filing Company: *The Ohio Casualty Insurance Company, ...* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *2008-02435*
TOI: *16.0 Workers Compensation* *Sub-TOI:* *16.0004 Standard WC*
Product Name: *AR-WC-DOMESTIC TERRORISM-OCG-FORM*
Project Name/Number: *AR-WC-DOMESTIC TERRORISM-OCG-FORM/2008-02435*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Ohio Casualty Insurance Company	\$50.00	08/04/2008	21759488
West American Insurance Company	\$0.00	08/04/2008	
American Fire and Casualty Company	\$0.00	08/04/2008	
Ohio Security Insurance Company	\$0.00	08/04/2008	

SERFF Tracking Number:	LBRM-125759942	State:	Arkansas
First Filing Company:	The Ohio Casualty Insurance Company, ...	State Tracking Number:	EFT \$50
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Product Name:	AR-WC-DOMESTIC TERRORISM-OCG-FORM		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Carol Stiffler	08/04/2008	08/04/2008

SERFF Tracking Number:	LBRM-125759942	State:	Arkansas
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Disposition

Disposition Date: 08/04/2008
Effective Date (New): 09/01/2008
Effective Date (Renewal):
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

SERFF Tracking Number: LBRM-125759942 State: Arkansas

First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: 2008-02435

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: AR-WC-DOMESTIC TERRORISM-OCG-FORM

Project Name/Number: AR-WC-DOMESTIC TERRORISM-OCG-FORM/2008-02435

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	COVER LETTER	Approved	Yes
Form	TERRORISM INSURANCE PREMIUM NOTICE	Approved	Yes

SERFF Tracking Number: LBRM-125759942 State: Arkansas

First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: 2008-02435

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: AR-WC-DOMESTIC TERRORISM-OCG-FORM

Project Name/Number: AR-WC-DOMESTIC TERRORISM-OCG-FORM/2008-02435

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	TERRORISM INSURANCE PREMIUM NOTICE	NP 75 20	09-2008	Disclosure/ New Notice			DISCLOSURE NOTICE.pdf

TERRORISM INSURANCE PREMIUM NOTICE

This notice contains important information about the Terrorism Risk Insurance Act and its effect on your policy. Please read it carefully.

THE TERRORISM RISK INSURANCE ACT

The Terrorism Risk Insurance Act, including all amendments ("TRIA" or the "Act"), establishes a program to spread the risk of catastrophic losses from certain acts of terrorism between insurers and the federal government. If an individual insurer's losses from a "certified act of terrorism" exceed a specified deductible amount, the government will reimburse the insurer for 85% of losses paid in excess of the deductible, but only if aggregate industry losses from such an act exceed \$100 million. An insurer that has met its insurer deductible is not liable for any portion of losses in excess of \$100 billion per year. Similarly, the federal government is not liable for any losses covered by the Act that exceed this amount. If aggregate insured losses exceed \$100 billion, losses up to that amount may be pro-rated, as determined by the Secretary of the Treasury.

MANDATORY OFFER OF COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" AND DISCLOSURE OF PREMIUM

TRIA requires insurers to make coverage available for any loss that occurs within the United States (or outside of the U.S. in the case of U.S. missions and certain air carriers and vessels), results from a "certified act of terrorism" AND that is otherwise covered under your policy.

A "certified act of terrorism" means:

Any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States

- (i) to be an act of terrorism;
- (ii) to be a violent act or an act that is dangerous to –
 - (I) human life;
 - (II) property; or
 - (III) infrastructure;
- (iii) to have resulted in damage within the United States, or outside of the United States in the case of –
 - (I) an air carrier (as defined in section 40102 of title 49, United States Code) or United States flag vessel (or a vessel based principally in the United States, on which United States income tax is paid and whose insurance coverage is subject to regulation in the United States); or
 - (II) the premises of a United States mission; and
- (iv) to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

PREMIUM DISCLOSURE STATEMENT

Your policy does not contain an exclusion for losses resulting from "certified acts of terrorism." Coverage for such losses is still subject to, and may be limited by, all other terms, conditions and exclusions in your policy.

THE PREMIUM CHARGE FOR THIS COVERAGE FOR THE POLICY PERIOD APPEARS ON THE ATTACHED QUOTE AND WILL BE EXHIBITED ON THE POLICY DECLARATIONS AT THE TIME OF POLICY ISSUANCE AS "TERRORISM", "FOREIGN TERRORISM", "TRIA COVERAGE" OR "CERTIFIED ACTS OF TERRORISM" AND, WHERE APPLICABLE, A SEPARATE LINE ITEM CHARGE CONTAINING THE WORDS "DOMESTIC TERRORISM."

The following premium disclosure notice applies only in certain states (as of 7/17/08 they include DE, CT, WI, PA, and NY, but this is subject to change). You will know if this applies to your quote if you receive a separate document called a "Quote With Proposal" which will include a separate line item charge for domestic terrorism: DOMESTIC TERRORISM PREMIUM PORTION NOTICE: THE PERCENTAGE (BY STATE) OF THE PREMIUM FOR DOMESTIC TERRORISM, EARTHQUAKES, AND CATASTROPHIC INDUSTRIAL ACCIDENTS THAT IS ATTRIBUTABLE TO DOMESTIC TERRORISM, NOT YET COMBINED WITH OTHER CHARGES AND SHOWN ON ENCLOSED "QUOTE WITH PROPOSAL" DOCUMENT, IS:

27.5%	DE
30%	CT (effective prior to 1/1/09), WI
39.76%	PA
55%	NY (effective prior to 10/1/08)

YOU NEED NOT DO ANYTHING FURTHER AT THIS TIME.

The summary of the Act and the coverage under your policy contained in this notice is necessarily general in nature. Your policy contains specific terms, definitions, exclusions and conditions. In case of any conflict, your policy language will control the resolution of all coverage questions. Please read your policy.

If you have any questions regarding this notice please contact your agent.

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LBRM-125759942 State: Arkansas
First Filing Company: The Ohio Casualty Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: 2008-02435
TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC
Product Name: AR-WC-DOMESTIC TERRORISM-OCG-FORM
Project Name/Number: AR-WC-DOMESTIC TERRORISM-OCG-FORM/2008-02435

Supporting Document Schedules

		Review Status:	
Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Approved	08/04/2008

Comments:

Attachment:

P&C FORM.pdf

		Review Status:	
Satisfied -Name:	COVER LETTER	Approved	08/04/2008

Comments:

Attachment:

2008-02435.trb.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
Liberty Mutual Agency Markets	111

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
The Ohio Security Insurance Company	OH	24074		
Ohio Security Insurance Company	OH	24082		
West American Insurance Company	IN	44393		
American Fire and Casualty Company	OH	24066		

5. Company Tracking Number	2008-02435
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Tammy Blake 62 Maple Avenue Keene NH 03431	Sr. Analyst, Regulatory Filing AM	603-358-4520	603-352-9252	tammy.blake@ libertymutual.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Tammy Blake

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	Workers Compensation
10. Sub-Type of Insurance (Sub-TOI)	Workers Compensation
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Workers Compensation
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 9/1/08 Renewal: 9/1/08
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	N/A
17. Reference Organization # & Title	N/A

20. This filing transmittal is part of Company Tracking #	2008-02435
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Effective September 1, 2008 for new and renewal business we wish to file our new Disclosure Notice in regards to Domestic Terrorism.

22. Filing Fees (Filer must provide check # and fee amount if applicable)
 [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #:
Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

Effective March 1, 2007

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**



62 Maple Avenue
Keene, NH 03431
603-352-3221

August 4, 2008

Hon. Julie Benafield Bowman
Commissioner Of Insurance
Arkansas Insurance Department
1200 West Third St
Little Rock, AR 72201-1904

Attn: Mr. Bill Lacy, Director
Property and Casualty Division

RE: Workers Compensation
Form Filing
THE OHIO CASUALTY INSURANCE COMPANY
NAIC #111-24074
OHIO SECURITY INSURANCE COMPANY
NAIC #111-24082
WEST AMERICAN INSURANCE COMPANY
NAIC #111-44393
AMERICAN FIRE AND CASUALTY COMPANY
NAIC #111-24066
Company Filing #2008-02435

Dear Mr. Lacy:

Effective September 1, 2008 for new and renewal business, we wish to file revisions to our Workers Compensation Program. With this submission we are filing our new Disclosure Notice that coincides with the Terrorism and Catastrophe (other than Certified Acts of Terrorism) rate change filed under separate cover (our filing #2008-02434).

Enclosed, please find our Disclosure Notice along with the required filing forms.

Questions regarding the above filing should be directed to me at 603-358-4520 or 800-826-6189 ext. 84520.

Sincerely,

Tammy R. Blake
Sr. Analyst Regulatory Filing AM
E-mail: tammy.blake@libertymutual.com